GOVERNMENT OF INDIA
WOMEN AND CHILD DEVELOPMENT
LOK SABHA

UNSTARRED QUESTION NO:2151
ANSWERED ON:11.12.2015
Ante-Natal Care of Women
Tharoor Dr. Shashi

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Rapid Survey on Children (2013-14) conducted by the Government has revealed that over 80 per cent of women in India do not receive full ante-natal care during pregnancy;
(b) If so, the details thereof and the reasons therefor; and
(c) the measures being taken to increase the quality and the accessibility of ante-natal health care, as well as to increase awareness, particularly among rural women, about the importance of ante-natal care for the health of the mother and child?

Answer

MINISTER OF WOMEN AND CHILD DEVELOPMENT
(SHRIMATI MANEKA SANJAY GANDHI)

(a) & (b) Rapid Survey on Children (RSOC) was commissioned by Ministry of Women and Child Development in 2013-14, with technical support from UNICEF, India. As per the Rapid Survey of Children report 2013-14, full Ante-Natal Care (ANC) (i.e. receipt of 3+ ANC, at-least 1 dose of TT and consumption of 100 IFA Tablets/syrup) has been received by 19.7% of pregnant women. The reasons for low full ANC may be due to multiple factors i.e., inaccessibility, illiteracy, ignorance, non-functional facilities in their vicinity, besides myths and beliefs about IFA consumption and fear of out of pocket expenditure.
(c) Government of India is taking following steps to improve the quality and accessibility of ante-natal care and increase awareness among rural women about the importance of ante-natal care :
i. Operationalization of Sub-Centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.
ii. Improving competencies of Staff Nurse/ Auxillary Nurse Midwives through 3 days Dakshata programme and 6 days Skills Lab training.
iii. Capacity building of health care providers in basic and comprehensive obstetric care.
iv. Mother and Child Protection Card to monitor service delivery for mothers and children.
v. Safe Motherhood Booklet is distributed to the pregnant women at the time of ANC registration which serves as Information Education and Communication (IEC) tool for

vi. educating women on importance of ANC, nutrition, family planning dietary diversification and consumption of IFA
vii. Tracking delivery of services i.e. Ante - Natal Care (ANC), Post-Natal Care (PNC) and immunization through Mother and Child Tracking System.
viii. Ante-Natal, Intra-Natal and Post-Natal care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anaemia.
ix. Strengthening of ANC protocols by introducing universal screening for Syphilis and HIV, screening for hypothyroidism during pregnancy, screening and management of gestation diabetes, Calcium supplementation, deworming, and increase in duration of IFA supplementation to 6 months during ANC and 6 months during PNC.
x. Tracking, Line listing and follow-up of High Risk Cases including severely anaemic women during ante-natal care .
xi. Engagement of more than 9.15 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
xii. Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
xiii. Ensuring availability of essential drugs and commodities as reflected under RMNCH+A matrix.
xiv. Health and Nutrition Education to promote dietary diversification, inclusion of iron and folate rich food as well as food items that promote iron absorption.
xv. Janani Shishu Suraksha Karyakaram (JSSK) as launched on 1st June, 2011, entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment. The benefits under the scheme have also been expanded to Ante-Natal and Post-Natal complications during pregnancy and also sick infants.
xvi. Close Monitoring and Supportive Supervision visits are also regularly undertaken.

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